

Skills Training Registration

In accordance with the Regional Colleges Act ("the act") and the Local Authority Freedom of Information and Protection of Privacy Act("LAFOIP"), Suncrest College collects, uses and discloses Personal Information to perform its duties under the Act; as permitted by LAFOIP; for administrative, marketing, financial and statistical purposes; funding and sponsorship purposes; academic programming; academic or other student counselling; taxation; determination of eligibility for benefits; development and alumni operations; providing access to services offered by Suncrest College; external placement that occurs as part of your program; and email communications relating to marketing or promotion, market research, or user surveys about programs, services and products offered by Suncrest College.

For further reference, see our Privacy Statement online (suncrestcollege.ca) or contact Suncrest College Privacy Officer by Mail: 273 Dracup Ave. N., Yorkton, SK S3N 4H8.

Acknowledgement: In signing this form, I acknowledge my consent to Suncrest College's collection, use and disclosure of my personal information, as outlined above.

I hereby certify that all the information provided to the College is true and complete. I understand that false information may result in the cancellation of my admission as a registered student. I agree that any misrepresentation by me may be shared with other post-secondary institutions. I agree to abide by Suncrest College rules and regulations, including payment of fees.

Signature			Date		
Program Name:		P	rogram Session ID#:		
Program Dates:			Student PSE#:		
STUDENT INFORMATION (please PRI	NT)				
Last Name			Birthdate (Mandatory)		
			Day Mon Year		
First Name			Middle Name		
S.I.N. (Required for issue of T2202 tax form)	Refused to provid	de S.I.N.	Gender		
			☐ Male ☐ Female		
Mailing Address			, 5		
Town/City	Province		Postal Code		
	Saskatchewan				
Home Phone	Cell Phone		Work Phone		
hereby consent to receive program re	lated information I	oy email			
Tradeshow ☐ Other:		Sneet U	Social Media		
	Equity Quest	ionnaire			
Completion of this section is Voluntary a	and Confidential – c	heck all th	nat apply:		
☐ I am a member of a visible minority (Per	sons not Aboriginal or	Caucasia	n)		
I am of Aboriginal ancestry. (If Yes, che	ck one of the following	g)			
☐ Metis ☐ Non-Status Indian ☐	Status/Treaty Indian	□Inuit	NONE of this section applies		
OFFICE USE ONLY					
Verbal Consent (Telephone Contact)					
Sponsor Name:		_	ORG ID#:		
Sponsor Address:		_			
Payment Information:					
			 Staff initials:		

Application Form: NFPA 1041- Fire Service Instructor Professional Qualifications

Refer to Appendix H of the Certification, Endorsement, and Evaluation Guide before completing this form. The Certification, Endorsement, and Evaluation Guide is available on our website. Application must be submitted a minimum of 30 days prior to exam/evaluation date.

Contact Information: Name: (First Name) (Initial/Middle Name) (Surname) Home Address: (Postal Code) (Address) (City/Town) Phone Number: (Home Phone) (Work Phone) (Mobile Phone) **Email Address:** Date of Birth: (MM-DD-YYYY) Employment/Membership: **Emergency Services Organization** Name of Fire Chief/Supervisor

Certification Level & Pre-requisites:

Select one level only – Pre-requisites must be completed before making application.

Fire and emergency Services Instructor Level I - The following pre-requisites must be completed to be eligible for certification at this level:

	Member of good standing of a	Saskatchewan fire department	or other eligible emergency	y service for a
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	minimum 5 years or a participant in a post-secondary institute affiliated with SPSA.			
	Completed a comprehensive training program that covers all requisite knowledge and skills.			
Fire an	nd emergency Services Instructor Level II The following pre-requisites must be completed to be eligible for			
	certification at this level:			
	Member of good standing of a Saskatchewan fire department or other eligible emergency service or a participant in a post-secondary institute affiliated with SPSA.			
	Completed a comprehensive training program that covers all requisite knowledge and skills			
	Certified at in NFPA 1041 Level I, Fire and Emergency Services Instructor Professional Qualifications IFSAC Certificate Number Include a photocopy of your certificate with this application.			

Declaration

Practical evaluations for certification may be physically strenuous and potentially hazardous. Your signature below indicates that you understand the demands that will be placed on you during testing and that you are physically capable of taking part in all practical evaluation sessions required for the level you have selected above.

Signature:	 Date:
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Complete and return this form to:

Email: seri@suncrestcollege.ca

